

# DEPARTMENT OF INSPECTIONS, PERMITS & LICENSES

DIVISION OF INSPECTIONS, PERMITS & LICENSES

444 South Fifth Street, Suite 101

Louisville, KY 40202-4314

502-574-3321

## APPLICATION FOR ANNUAL MASTER LOCATION PERMIT

NAME OF APPLICANT \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS OF THE LOCATION REQUESTED: \_\_\_\_\_

LIST THE SPECIFIC BOUNDRIES OF THE LOCATION AND ATTACH A MAP

NORTH SIDE \_\_\_\_\_ SOUTHSIDE \_\_\_\_\_

EASTSIDE \_\_\_\_\_ WESTSIDE \_\_\_\_\_

DESCRIBE THE TYPE OF USE FOR THIS LOCATION:

SOME USES MAY REQUIRE ADDITIONAL PERMITS

ALL OUTSIDE ENTERTAINMENT MUST STOP AT 10:30 P.M.

LIST DATES AND TIMES:

BEGINNING DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

### **INSURANCE INFORMATION**

INSURANCE COMPANY NAME \_\_\_\_\_

INSURANCE AGENT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

INSURANCE POLICY NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

LICENSEE HEREBY AGREES THAT IT WILL INDEMNIFY AND HOLD THE CITY OF LOUISVILLE, ITS OFFICERS, EMPLOYEES AND AGENTS HARMLESS FROM ANY AND ALL CLAIMS OF DAMAGE TO PERSON(S) OR PROPERTY WHICH MAY RESULT FROM THE ACTIVITIES PERMITTED HEREUNDER, AND SHALL FURNISH CORPORATE SURETY OR INSURANCE, IN THE AMOUNT OF \$1,000,000 AND NAMING LOUISVILLE METRO GOVERNMENT AS THE CERTIFICATE HOLDER.

IT IS UNDERSTOOD THAT FOR REASONS OF SAFETY OR TRAFFIC FLOW, ANY LAW ENFORCEMENT OFFICE MAY MOVE LICENSEE OR HIS/HER AGENT FROM SPECIFIED LOCATION.

PERMIT APPLIED FOR AND ALL TERMS AND STIPULATIONS AGREED TO BY:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Deleted: ,

Deleted: IF REQUESTED,

Deleted: PROOF OF

Deleted: FOR SUCH INDEMNITY AND IN SUCH MANNER AND AMOUNT AS MAY BE DEEMED REQUISITE